

Seneca County Weatherization

1310 Waterloo-Geneva Rd.

Waterloo, NY 13165

(315)220-3045 Phone

(315)539-0558 Fax

The enclosed is an application for weatherization assistance, and does not guarantee that assistance will be granted. If you are eligible for the program, you will be contacted for the next step in the process.

Weatherization activities allowed by Federal Law and regulations include the following: Tune and clean of furnace as needed, wall and attic insulation, glass and window repair or replacement, storm windows and panels, caulking and weather stripping.

VERY IMPORTANT!!! Please read the following instructions carefully. **Failure to return required documentation will delay the processing of your application.**

To establish eligibility, you must provide the following:

1) **PROOF OF INCOME**

This includes all gross cash receipts (before taxes) for employment, Dividends, interest on savings, rents received, regular payments from Social Services, Social Security, Unemployment and any other benefits (pensions, alimony, military allotments and any other regular support or income). You DO NOT have to include child support.

You must obtain a copy of all documents which substantiates all income reported on the application for ONE MONTH. Your gross family income for the last month must be within the income guidelines established by the Department of Energy. **CHILD SUPPORT DOES NOT NEED TO BE INCLUDED AS A SOURCE OF INCOME.**

2) **PROOF OF OWNERSHIP**

a) **HOMEOWNER** – must provide a copy of

- o school or property tax,
- o copy of the deed
- o and if it is a life use we need the life use agreement.

b) **RENTER** – landlord must provide a copy of

- o school or property tax and a copy of deed.
- o Landlord must also sign a Weatherization Agreement (available upon request).

c) **MOBILE HOME OWNERS LIVING ON A RENTED LOT** – must provide

- o proof of ownership for the mobile home (copy of valid bill of sale) and
- o a copy of the school or property tax for the lot.

3) **A COPY OF YOUR NYSEG BILL.**

4) **A COPY OF YOUR FUEL BILL IF OTHER THAN NATURAL GAS.**

5) **Two years of fuel history. This can be obtained by calling your fuel provider.**



**NYS HOMES & COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM**

FORM #5

ENERGY INFORMATION

(This form must be completed for each occupied unit to receive weatherization services by the person who is responsible for the fuel bills.)

Name: _____

Building Address: _____

Number of units in building: _____ Number or location of this unit: _____

Primary Heating Fuel: Natural Gas Electric Propane Oil Wood Other: _____

Name and address of Primary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Any Secondary Heating Fuel that you sometimes use:

Natural Gas Electric Propane Oil Wood Other: _____

Is this interruptible service? Yes No

Name and address of Secondary Heating Fuel supplier: _____

Account number: _____

Do you have a service maintenance agreement with this supplier? Yes No

Electric Utility Provider: _____

Electric Account Number: _____

Customer Authorization for Release of Fuel/Energy Bills (for past 2 years and next 2 years)

To Fuel and Electric Suppliers listed on this form:

I hereby authorize release of information on my fuel bills, both past and future, to _____ or its designee. I understand that this information is being made available to help evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the Weatherization Assistance Program.

Customer signature: _____ Date: _____

Note: If there are other suppliers that provide you with fuel or energy or with which you have a service maintenance contract, please include their information on reverse (names and addresses, the fuel or energy service(s) provided, and your account number(s) with those suppliers), so that the Agency can also contact them for your past and future fuel bills.

PERSONAL PRIVACY PROTECTION LAW PROVISIONS

The New York State Personal Privacy Protection Law (Public Officers Law, Article 6-A) requires in section 94(1)(d) that each subgrantee that maintains a system of records provide each subject from whom it requests information with certain notifications as provided below.

Name of the agency requesting the information: NYS Homes & Community Renewal

Name of the system of records: Weatherization Data Collection and Reporting System

Agency official responsible for the records:

Director, Energy and Rehabilitation Services
NYS Homes & Community Renewal
38-40 State Street
Albany, New York 12207
518-474-5700

Sections 416 and 417 of the Energy Conservation and Production Act (P.L. 94-385) require the State to keep records for the purposes of monitoring and evaluation and for the preparation of reports to the US Department of Energy and to the US Department of Health and Human Services, the NYS WAP funding providers.

Program regulations contained in 10 CFR 440.22 require that eligibility for the program be established, which requires the collection of personal information, including the Social Security number of the applicant. If information requested on this Weatherization Application is not provided, the applicant's dwelling is not eligible for WAP funds. This information may also be used to perform data matches with other state and federal agencies, to verify your eligibility for WAP services.

APPLICANT AFFIRMATION

I subscribe and affirm, under the penalties of law, that the statements made in this application for weatherization assistance (including statements made in any accompanying papers) have been examined by me and, to the best of my knowledge and belief, are true and correct. I also state that no person named in this application is subject to disqualification for weatherization services under the Immigration Reform and Control Act of 1986 (Public Law 99-603). I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given.

I realize that there is to be no lien or mortgage held on the property involved and that this has no effect upon my Social Security, Public Assistance, or any other income that I may have. Also, the weatherization work done will not obligate me financially, and I will not be held liable for any injuries or damages occurring on my property which are not a result of my negligence or malfeasance.

I understand that this application for weatherization assistance does not guarantee that assistance will be granted but will be used in determining eligibility for the program. Whether or not an eligible applicant will be provided assistance will depend in part upon the number of applications received, the remaining funds available, and the priorities to be met by the program.

I have read and understand the provisions of the Personal Privacy Protection Law (above).

Applicant signature: _____ Date: _____

Applicant's Representative signature: _____ Date: _____

Relationship to Applicant _____

If you are the owner of this residence, please complete the following home owner certification:

I certify that I am the owner of the property listed as my address on this form. I further certify that I have given my permission to allow workers at this agency to enter my residence to complete an energy audit, and to do whatever weatherization work is determined necessary as a result of that audit, on the property listed at the top of this form. I understand that no payment will be required for this service and that I will not be held liable for any injuries or damage.

Applicant/Owner signature: _____ Date: _____

OFFICE USE ONLY

JOB # _____

Owner verified through: Examination of Deed
 Confirmation by Commissioner of Deeds
 Confirmation by Tax Assessor's Office
 Other: _____

On the basis of the information provided by the applicant, the household is determined to be:

Income Eligible: Household of _____ members has a total monthly income of \$_____.

Documentation of income is attached.

Categorically Eligible: Check **all** applicable benefits that this household receives:

SSI HEAP Public Assistance NPA Food Stamps

Documentation of benefit(s) attached.

Not Eligible: Household does not meet eligibility criteria.

Intake Worker's signature _____ Date _____